

Department of Administration  
OFFICE OF ACCOUNTS AND CONTROL**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE VEHICLES  
VEHICLE CENTS-PER-MILE METHOD****(NOTE: VEHICLES THAT ARE CHAUFFEUR DRIVEN MAY NOT USE THIS METHOD.)****SECTION A: DRIVER AND VEHICLE INFORMATION**

Employee Name:  Soc. Sec. #:   
**(Please Print)** **(11 digits)**

Agency:  Payroll Acct. #:

Period: FROM:  TO:

| <u>Vehicle Make/Model/Year</u> | <u>Registration No.</u> | <u>Vehicle Fair Mkt. Value</u> |
|--------------------------------|-------------------------|--------------------------------|
| <br><br>                       | <br><br>                | <br><br>                       |

**SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT**

(1)  Minus (2)  = (3)   
**TOTAL MILES PERSONAL USAGE MILES BUSINESS MILES**

**AMOUNT OF BENEFIT TO BE INCLUDED IN GROSS INCOME:****A. Personal Usage Miles (from Item 2 above)**(November 1 - December 31).....A.1  Miles(January 1 - October 31) .....A.2  Miles

B.1  X  ¢ = \$   
 (Item A.1)

B.2  X  ¢ = \$  = (sum of B.1+B.2) ..... B.3 \$   
 (Item A.2)

C. Subtract employee supplied gasoline, if any.  
 miles x 5.5¢ per mile:

(Personal Usage Miles from Item 2 above ..... \$ 

D. Gross Fringe Benefit Amount:  
 Subtract Item C from Item B3..... \$

E. Subtract Commuter Reimbursement: ..... \$

F. Taxable Fringe Benefit Amount:  
 (Subtract Item E from Item D) ..... \$

**TO EMPLOYEE:** Complete and sign this form in duplicate and return to your payroll office. If more than one vehicle is used under this method, complete separate Form A-95c for each vehicle.

**Employee's Signature / Date**

**NOTE:** Under the vehicle cents-per-mile method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles. Substantiating evidence = a log of both personal and business miles. This form will not be accepted if not accompanied by a log.

Department of Administration  
OFFICE OF ACCOUNTS AND CONTROL

**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES  
ANNUAL LEASE VALUE METHOD**

**SECTION A: DRIVER AND VEHICLE INFORMATION**

EMPLOYEE NAME  SOCIAL SECURITY #:   
(PLEASE PRINT) (11 DIGITS)

AGENCY  PAYROLL ACCOUNT #:

PERIOD COVERED: FROM  TO:

MAKE / MODEL / YEAR  REGISTRATION NO.  VEHICLE FAIR MKT. VALUE

**SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT**

**MINUS**  **=**   
TOTAL MILES PERSONAL USAGE MILES BUSINESS MILES

**X**  **÷**  **=**   
ANNUAL LEASE VALUE BUSINESS MILES TOTAL MILES % BUSINESS USE

GASOLINE CALCULATION 5.5 CENTS **X**  **=**   
**OR** NO. OF PERSONAL MILES AMOUNT OF GASOLINE

**X**  **=**   
TOTAL COST OF GASOLINE % OF PERSONAL MILES AMOUNT OF GASOLINE  
(100% MINUS BUSINESS USE%)

**=**  **MINUS**  **PLUS**  **PLUS**   
ANNUAL LEASE BUSINESS USE AMOUNT OF CHAUFFEUR  
VALUE (ALV) (BUS. USE % X ALV) GASOLINE AMOUNT

\$  **MINUS**  **=** \$   
GROSS TAXABLE FRINGE COMMUTER REIMBURSEMENT NET TAXABLE FRINGE  
AMOUNT (VEHICLE USE)

**TO EMPLOYEE:**

Complete and sign this form in duplicate and return to your payroll office. If more than one vehicle is used under this method, complete separate form A-95b for each vehicle.

**Employee's Signature / Date**

**NOTE:** Under the annual lease value method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles.

Department of Administration  
OFFICE OF ACCOUNTS AND CONTROL

Annual Statement Of Personal Usage For State-Provided Vehicles  
Commuting Valuation Method

**SECTION A: DRIVER AND VEHICLE INFORMATION**

EMPLOYEE NAME

(PLEASE PRINT)

SOCIAL SECURITY NO.  
(11 DIGITS)

AGENCY \_\_\_\_\_

PAYROLL ACCOUNT NO.

\* VEHICLE MAKE MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

**SECTION B: SCHEDULE OF COMMUTING DAYS AND CALCULATION OF FRINGE BENEFIT AMOUNT**

PERIOD COVERED : FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Please mark and "X" for each commuting day.

|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | TOTAL<br>DAYS |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------|
| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |               |
| NOV   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| DEC   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| JAN   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| FEB   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| MAR   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| APR   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| MAY   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| JUN   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| JUL   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| AUG   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| SEP   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
| OCT   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |               |

\_\_\_\_\_  $\frac{\$3.00}{\text{DAY}}$  = \_\_\_\_\_  
 No. of Days Commuting X DAY Gross Taxable Fringe Benefit Amount (Vehicle Use)

TOTAL  
DAYS

MINUS \_\_\_\_\_  
 \$ Commuting Reimbursement Amount Nov. 1 to Oct. 31) = \_\_\_\_\_  
 Net Taxable Fringe Benefit Amount)

TO EMPLOYEE: Complete and sign this form in duplicate and return to your Payroll Office. \*If more than one vehicle, list others below

| MAKE OF VEHICLE | MODEL | YEAR | REGISTRATION NO. | STATE ASSIGNMENT NO. |
|-----------------|-------|------|------------------|----------------------|
|                 |       |      |                  |                      |

Department of Administration  
Office of State Fleet Operations  
One Capitol Hill, Providence, RI 02908

**ANNUAL REPORT OF STATE-OWNED VEHICLE USAGE**

**Vehicle Information:**

State Fleet 5-digit **Vehicle Number (Not VIN#)**: \_\_\_\_\_ **STATE PLATE NO**: \_\_\_\_\_

Current Odometer: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

R.I. Inspection Sticker: Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number: \_\_\_\_\_

Mileage incurred by the vehicle from November 1, 20 \_\_\_\_ through October 31, 20 \_\_\_\_ : \_\_\_\_\_

Is this vehicle assigned to a driver? \_\_\_\_\_ Or a pool vehicle? \_\_\_\_\_ (**check one**)

If a pool vehicle, where is the vehicle garaged? \_\_\_\_\_

What is this vehicle used for? \_\_\_\_\_

**Driver Information:(If assigned)**

Driver's Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Driver's home address: \_\_\_\_\_

Driver's Work Station: \_\_\_\_\_

**Driver Commute?(Y/N):** \_\_\_\_\_ **Is driver subject to recall?(Emergency Call In)(Y/N):** \_\_\_\_\_

**Miles attributable to commuting from November 1, 20 \_\_\_\_ through October 31, 20 \_\_\_\_ :** \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Status (Circle One): A = Active S = Suspended O = Other

Any Motor Vehicle violations within prior 12 months?(Y/N): \_\_\_\_\_

List of Motor Vehicle

Violations: \_\_\_\_\_

I certify to the best of my knowledge that the above information is true and accurate for the period of November 1, 20 \_\_\_\_ through October 31, 20 \_\_\_\_ :

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Supervisor's Signature**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_